

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X LOGO

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishment Name New Albay Vakero	Telephone Number	Date of Inspection PERMIT # (mm/dd/yr)		
Establishment Address (number and street, city, state, zip code)	812 149 2003	6/15/20 19-216		
		10,12,20		
327 W. 5th St. New Albuy, IN 47150	Purpose:	Follow-up Release Date		
Mihamud AliF				
Owner's Address	Routine	10 /0 days		
	2. Follow-up	Summary of Violations:		
Person in Charge	3. Complaint	1 x 3 X		
Raniar Singh	4. Pre-Operational	$C \searrow NC 3 R \searrow$		
Responsible Person's E-mail	5. Temporary	Menu Type (See back of page)		
NALTINOBGMAIL. COM	6. НАССР			
Certified Food Manager	7. Other (list)	1_2 × 3_4_5		
Certified Food Manager  Rune Simb (8/18/22)				
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENO	TED IN THE "SUMMARY OF VIOLATIONS" A	AND IN THE NARRATIVE BELOW AS "R"		
Section# C/NC R	Narrative	To Be Corrected By		
177 NC Observed drink flats on	BOH f/	1.60		
243 NC Observe single-ver copes		1.40		
297 NC Observed wife filly he				
ZII JO OVIGOO CEIFA FIII	to the Birty	/ • = 67		
	// /: 6			
1 iscussed and 19 pro	feel including: for con	77-95		
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	-			
Received by (name and title printed):	Inspected by (name and title	printed):		
A SI.		gram (LFS)		
Received by (signature):	Inspected by (signature):	gram (Crs)		
Kenny Sinah	inspected by (signature):			
CC: CC:		<u>'Y</u>		
cc:		ce:		

NA Value

Floyd County Health Department Inspection Notes				
Code#  W.C/NE   This is a superior of the control o				
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			CFH:	
		l'	Health Policy Y - N Food Code: Y - N Email:	
			Email:	
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